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Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061
575-956-6131
575-956-6947
Medicaid ID: YIF915103969

Use Note Creation Time
Clear Time
Set Date/Time
7/26/2023
8:45 PM

Armendariz Barela, Eva
ID: 1000010729151 DOB: 6/19/1972
Case Management Note (SOS)

Adjustment disorder with mixed anxiety and depressed mood, F43.23 (ICD-10) (Active)

History of Risk Factors:

- *History of Abuse:
Physical abuse
- *History of Alcohol or Substance Abuse

Current Risk Factors:

- *Absent or Weak Support System:
- *Experiencing Severe Anxiety or Panic
- *Severe Financial Difficulty
- *Feelings of Hopelessness, Worthlessness, or Guilt are Present
- *Rapid Shifts in Mood are Occurring

Suicide Risk Assessment:

She denies suicidal ideas or intentions.

Suicide Risk:

Based on the absence of risk factors, Eva's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

Violence Risk:

Based on the risk factors reviewed, Eva's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

Access to Lethal Means:

Access to lethal means was discussed with Eva. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - UH

Time spent face to face with patient and/or family and coordination of care: 15 min

Session start: 6:15 PM
Session end: 6:30 PM

T.Y.
Ryan Dingess, CSW
Electronically Signed
By: Ryan Dingess, CSW

Service Location

Audit Log

Copy contents of the text only into
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(Please click in the field and scroll down to see full text of note.)

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Capture Signature
#2 Signed By:

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#3 Signed By: